

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and to a n.m.b.c. of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
County Registrar No. 56
Local Registrar No. _____

No. 1145 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Rosa Castillo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Jan. 10-1927.
Month Day Year

8. FATHER
Full name Jesus Castillo
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 26 (Years)

14. MOTHER
Full maiden name Elisa Mejilla
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

18. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein (b) Born alive but now dead _____
certified and including this child.) (c) Stillborn _____
21. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5:30 A. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 Le E. Trim
Month, day, year Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

436-110-541